plication or Docket Number

09804981

PATENT APPLICATION FEE DETERMINATION RECORD

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid F" " (Total or Independent) is the highest number found in the appropriate box in column 1.

Effective October 1, 2000												
CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			244					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			## minus 20=		· ,22		,	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		2		 	X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	<u> </u>	OR	+270=	
* If the difference in column 1 is less than zero, en					r "0" in c	olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										4	OTHER	
		(Column 1)		(Colui		(Column 3)	1 .	SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	•	Minus	**		= '		X\$ 9=		OR	X\$18=	
	Independent	NITATION! OF 1	Minus	***	T CL AIRA	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								الله الدونون .	:	-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	ANTATION OF M	Minus	***	F.C. 400]=	1	X40=		OR	X80=	
ــــا	HIRST PRESE	NTATION OF M	OLTIPLE DEF	ENDEN	I CLAIM		į į	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)		· .	•	_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	•	=]	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	-	=	1	X40=		OR	X80=	<u> </u>
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
		ımn 1 is less than t					, 	TOTAL		OR	TOTAL	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										ADDIT. FEE	